DOCUMENT RESUME

ED 052 303 VT 012 042

AUTHOR	Kane, Joseph; Shafer, Carl M.
TITLE	Personal and Family Counseling Services for the Adult Deaf. Final Report.
INSTITUTION	Family Service of Los Angeles, Calif.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE	70
NOTE	77p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	*Adjustment (to Environment), Counseling Services, *Deaf, Deaf Interpreting, *Family Counseling, *Individual Counseling, Interagency Coordination, *Rehabilitation Programs
IDENTIFIERS	Los Angeles

ABSTRACT

The main purpose of this project was to demonstrate the effectiveness of personal and family counseling services in facilitating rehabilitation and family adjustment of the adult deaf in Los Angeles County. Data came from a program of case work services ranging from consultation and referral to personal interviews with a population of about 3,000 deaf counseling applicants in Los Angeles County. The project successfully attracted applicants, categorized deaf clients according to types of problems, and acted as an information and referral service for the community. Recruitment and training of professional personnel was achieved to the extent necessary to accomplish positive results with most clients. By demonstrating the feasibility of this type of counseling, pointing out the special needs of the deaf, and identifying the skills necessary to work with the deaf, the program was generally successful. (BH)

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Final Report

PERSONAL AND FAMILY COUNSELING SERVICES FOR THE ADULT DEAF

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VT012042

This investigation was supported by a Demonstration Grant (RD-2560-S) from Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C. 20201

ED052303

Significant Findings for Rehabilitation and Social Service Workers

The objectives of the Project were exploratory, demonstrational, and developmental. The demonstration of the effectiveness of personal and family counseling services in facilitating and maintaining the family and social adjustment of the adult deaf person resulted in several significant findings.

1. The Project succeeded in publicizing the program sufficiently to attract a large number of inquiries regarding services for the deaf that resulted in a number of families being admitted for service.

2. The needs of deaf clients were determined and found to fall into three broad categories: (a) problems stemming from circumstances to which the client did not himself contribute; (b) adjustment problems with circumstantial difficulties that developed because of maladaptive behavior and/or attitudes of the client; and (c) personality problems with little or no external factors operating. Beyond this, a number of needs of the deaf client were identified along with certain deficiencies in availability of services to the deaf. The need for additional interpreter services, educational opportunities, communication training, and increased community awareness of the needs of the deaf were among the more important findings. Improvement of medical and legal services also were noted as necessary.

3. The Project succeeded in providing information and referral services to the community, to agencies, and to individuals interested in the deaf person in difficulty or having some special need. This service proved to be valuable and filled a community need for a special source of coordination and information.

4. Recruitment and training of professional personnel to work with the adult deaf in a counseling program was achieved to the extent necessary to carry on the limited program of the Project. The use of interpreters in the casework process was successfully demonstrated. The counseling program itself was successful in bringing about positive outcomes in the majority of the cases served in spite of the long-standing problems brought by most of the clients.

Generally, the goal of the program was achieved. The feasibility of counseling services for the deaf within the context of a family service agency was demonstrated, special needs of the deaf were highlighted, and the skills necessary to work with deaf clients were identified.

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Personal and Family Counseling Services
for the Adult Deaf

I Introduction

A. Background and Context. The transmission of simple ideas is possible through visual images, although generally it is carried out through the use of verbal symbols. High levels of cognition similarly do not require complex language to convey abstractions (Vernon, 1968). Cognitive development, according to Langer, is not dependent upon verbal language, but rests rather on the capacity for abstract seeing or visual imagery (Langer, 1948). The question may be raised whether cognition governs other important areas of psychic function such as inner experiences. It is unlikely that feelings can be separated from their cognitive associations since recognition of a sensory response as similar to some previous response is an act of thought. The experience of pain, for example, can be linked to a previously painful experience only through a cognitive process. Dependent though they may be on thought, feelings do "have the power to transform or determine cognitive processes" (Arieti, 1965:114). Thus, while language and operational thinking are not necessarily interdependent (Furth, 1966),thinking and feeling are.

It appears that the disabling consequences of deafness stem from early experiences and social factors that shape attitudes even though the structure of thinking is not affected by deafness itself. What may occur is a disintegration of effective relations among the sources of sensory perception, leading to a breaking off of their internal transactions and to distorted thinking and behavior (Grinker, 1969). Inability to learn verbal language also contributes to severing fundamental relations between the individual and his environment. The studies cited by Schlesinger and Meadow document the emotional and vocational problems associated with deafness (Schlesinger & Meadow, 1968). The nature of these problems suggests that programs aimed at restoring the deaf person's contacts with the larger community by providing supportive, mediating and advocacy services could reduce the degree of alienation and isolation he experiences. While the communication deficit he suffers cannot be reduced substantially, the improvement of the mental health and social competence of the deaf person are matters that should concern counseling and rehabilitative services.

An interest in exploring the personal, family and social relationships of the deaf client, and a desire to test the usefulness of existing family counseling services in meeting the needs of the deaf prompted the demonstration Project described in this report.

The Project actually culminated from the Welfare Planning Council of Los Angeles activity undertaken several years earlier when a community wide survey was done to determine and develop mental health services for the handicapped. Later, in 1965, representatives from the State Department of Rehabilitation, the State Department of Mental Hygiene and the Leadership Training Program for the Adult Deaf at San Fernando Valley State College asked the Welfare Planning Council to explore the possibilities of community based personal and family counseling services

for the adult deaf. A number of planning meetings were held and to enable a further investigation of existing services, collect additional data and formulate additional planning of services for the adult deaf, the Welfare Planning Council was able to secure a modest planning grant from the Vocational Rehabilitation Administration. Family Service of Los Angeles was active with the committee during the planning period. Committee activity was extended with the idea that there would evolve from this committee a proposal that would be federally funded. When the committee made the decision that the great need for the adult deaf was for family counseling services, Family Service of Los Angeles was asked if it would be willing to undertake such a demonstration Project. Early in 1967 a request for funding of a demonstration project entitled "Personal and Family Counseling Services for the Adult Deaf" was submitted to the Department of Health, Education and Welfare.

According to the initial planning the Welfare Planning Council would have been responsible for the research requirements of the Project, casework services would have been delivered in two district offices of Family Service of Los Angeles, two caseworkers would be utilized, one with manual communication skills and one utilizing the services of a qualified interpreter. Because of unexpected difficulties with a research design, inability to recruit a professionally trained social worker with manual skills, the brief tenure of the initial Project Director, Family Service of Los Angeles finally assumed full responsibility for all aspects of the Project, contracting directly for research services, analyzing the findings, and writing the final Project report. Carl Shafer, D.S.W. has undertaken this final phase of the Project.

B. Statement of the Problem. The major purpose of the Project, as it was proposed originally and developed in the course of the planning period, was to demonstrate the effectiveness of personal and family counseling services in facilitating and maintaining the vocational rehabilitation and family adjustment of the adult deaf in Los Angeles County. The specific objectives developed by the Project were:

1. To make personal and family counseling services available to the adult deaf through regular community agencies.

2. To determine accurately the kinds of personal and family counseling services needed by the adult deaf and their families.

3. To facilitate the process of information and referral as part of the counseling process.

4. To develop a program of mental health consultation as a resource for professional and lay counselors alike.

5. To develop long term community support for a continued program of personal and family counseling services for the deaf.

6. To recruit and train professional personnel to work with the adult deaf.

The complicating factor of sensory impairment makes counseling the deaf adult a difficult task. Rarely does a family service agency or other counseling services have a counselor trained in manual communication, (i.e., signing), or an interpreter available on call. Thus the problem of communication is a major impediment to the provision of counseling services to the deaf client.

An equally serious barrier to effective services to deaf clients is a lack of knowledge about and understanding of the problems associated with deafness on the part of social workers and other mental health professionals. It has been suggested that the cognitive styles and perception of deaf persons differ from those of the normally hearing due to differing patterns of language development. The lack of counseling personnel with the kind of training and experience that provides understanding of deafness and the necessary communication skills contributes to the social isolation of the deaf and to the problems associated with this handicap. The net effect has been to make family services largely inaccessible to the deaf.

The manner in which this Project has demonstrated a method for providing counseling services to the deaf, and has approached the major objectives of the Project is discussed in detail in Section II, Methodology, of this report.

C. Review of Relevant Literature. The underlying assumption of the Project, that the social factors and family interactional patterns are associated with problems of the deaf, is supported by references in the literature. Other citations included in this section are representative of what is basic to understanding the problems of the deaf, and to developing an approach to counseling the deaf client and his family.

The traumatic response of parents to the diagnosis of deafness is noted as contributing to a distorted and impaired parent-child relationship (Schlesinger, 1968). From the outset, the deaf child is introduced to a socialization process that often is characterized by continued parental preoccupation with his deafness. The child is forced into a "sick" role with few limitations placed on his behavior and little responsibility given to him (Shere, 1956). Removal from his parents for lengthy, tiresome training sometimes occurs and reduces the time that could be spent on his social and intellectual development. Further, the child does not understand the purpose of such training and often experiences a lack in his relationship with his family (Richardson, 1969). The controversy over oral as opposed to manual modes of communication also contributes to the alienation of child from parent and frequently delays the development of effective communication between hearing parent and deaf child (Meadow, 1967).

A tendency of deaf parents to have more problems with hearing children than with deaf children has been noted in several studies (Bruce, 1960; Altshuler, Rainer, and Kellman, 1963). Educational aspirations were higher for hearing children than for deaf, whereas parents permitted greater liberty to deaf children than to the hearing. This is similar to the view held by Schlesinger cited above, and suggests that deafness of the child, the parent, or both poses a potential threat to normal

personal development of the deaf individual within his own family. Studies of their social and organizational affiliations indicate that deaf persons tend to associate with other deaf persons (Bruce, 1960; Furfey and Harte, 1964; Rainer et al 1963). This social isolation from the hearing world adds to the apprehension the deaf person feels in approaching services that are oriented primarily to serving the hearing.

In spite of their status as a risk population, the deaf can find few agencies responsive to their needs. Agency personnel are perceived by the deaf as unable to understand or communicate with them. Yet such services as family counseling, adult education and employment assistance rank highest on the list of services the deaf would like to see provided for themselves. (Bobb, Klopping, 1969).

Vocationally, the deaf are regarded as satisfactory workers with stable tenure records (Furfey and Harte, 1964). However, they are under-represented in professional and managerial positions and overrepresented in the skilled trades (Justman and Moskowitz, 1963; Rainer et al, 1963).

Early life experiences appear to have significant bearing on the development of the atypical behavior and attitudes characteristic of the deaf. With personalities at variance with what is acceptable in the general culture, they are restricted in their opportunities to develop acceptable social and vocational behavior. Three factors have specifically been identified which affect the vocational development of the deaf (Gellman, 1965). They are: "(1) perceptual differences which alter self-perception and the perception of reality; (2) a restricted life space which decreases knowledge of and familiarity with areas outside of the immediate social or geographic environment, and (3) a limited socio-cultural horizon."

Impairment in social functioning experienced by the deaf touches every important aspect of their lives including social, vocational, and educational functions. In undertaking to offer services to this population, once the barrier of communication has been overcome, several crucial considerations remain to be given attention (Chough, 1964). They may be stated as follows:

1. Factors influencing the deaf client's personal and social development should be assessed in the special context of the social and physical meaning of deafness.

2. The deaf client should be assisted in coming to grips with the reality of his problem and helped to work toward personally acceptable and realistic goals.

3. He should be helped in locating and using appropriate community resources.

4. It is necessary to assist in the coordination of the various services available to him in his rehabilitation program.

Since most deaf adults use manual sign symbols (Watson, 1964; Rainer, 1963), signing may be a feasible language with which to communicate with the deaf client. Rainer states that, "the special needs of the deaf, determined by their social position, their psychological development and their communication limitations, require not only trained and experienced therapists, but a well coordinated administrative setting" (1963: 192) With three-quarters of deaf patients able to sign, the therapist who can sign, or use an interpreter seems necessary to the treatment process. The accepting attitude of the therapist toward manual communication in a counseling situation with deaf clients may be more important than actual proficiency with signing (Schlesinger, 1968: 91).

The literature review presented here has offered a sample of research in areas associated with problems of the deaf, particularly those problems with which this Project was concerned. Increased understanding of the problems associated with deafness as well as the development of viable methods of communication with deaf clients seem to be essential to the preparation for giving counseling services to deaf clients. Studies that explore the factors that influence personality development, cognition, and socialization are all relevant to understanding family interactional patterns and social adjustment of the deaf. The unique vocational experience of the deaf, and their special problems of communication described in the literature represented in this review underly the service aims of the Project.

D. Description of Project Setting. The Project was conducted in four geographical area offices of Family Service of Los Angeles. The Main Office District, the San Fernando Valley District, the Inglewood District, and the Downey District. These offices cover four of the seven major residential areas served by Family Service of Los Angeles.

The Agency offers a family counseling service to persons living and working in Los Angeles with personal and family relationship problems that directly affect interpersonal relationships and social and vocational functioning. Interviewing facilities of Family Service of Los Angeles in each of the offices noted above were made available to the Project in addition to administration, casework, interpreter, and clerical services.

II Methodology

A. Project Program and Professional Staff: The demonstration of the effectiveness of personal and family counseling services to the adult deaf was carried out through a program of casework services ranging from consultation and referral to direct interviewing with deaf persons, their families, and others in the community with whom the Project clients were involved. Staff members who participated in the work of the Project included the following:

Project Director: Mr. Joseph Kane, M.S.W., received his Masters degree from the University of Pittsburgh. He has held positions as a social worker and administrator in a variety of settings. He has served as Chief Social Worker with the Veterans Administration in San Bernardino, California, as Executive Director of Desert Area Family Service in China Lake, California, as Human Factors Specialist with the Systems Development Corporation, Santa Monica, California, and as Assistant Executive Director of Family Service of Los Angeles. He holds a license in the State of California as a Clinical Social Worker.

Social Workers: Miss Sylvia Kushner, M.S.W., received her Masters degree from the University of Manitoba. Miss Kushner served as one of two principal social workers in the Project, beginning to work in November, 1968. Her experience was with Jewish Big Brothers Association of Los Angeles and a child guidance clinic, social agencies serving children and families. Miss Kushner gave invaluable assistance to the Project assessment by virtue of her extensive knowledge gained during the course of the Project. She holds a State of California license as a Clinical Social Worker.

Miss Diane Krishun, M.S.W., served the Project as a social worker in its initial stage. She received her Masters degree from the University of Michigan. Her experience includes positions with the Veterans Administration in Battle Creek, Michigan, the Los Angeles Psychiatric Service, and with Family Service of Los Angeles. She was active in the development phases of the Project beginning August, 1967 when she started working with deaf clients and continued with service until January, 1968 when the Project was funded. She remained with the Project until December, 1968.

Miss Elizabeth Norton, M.S.W., received her degree from the New York School of Social Work, Columbia University. Her experience includes positions with the American Red Cross, and family service agencies in Illinois and California. She is a casework supervisor in the Family Service of Los Angeles and provided both casework and supervisory services to the Project. In 1968 and 1969, Miss Norton taught a "field of social work" course in the Leadership Training for the Deaf Program which is lodged in the sociology department of San Fernando Valley State College. Miss Norton has a special interest in the problems of providing services to deaf clients. Miss Norton is a State licensed Clinical Social Worker.

Mrs. Elizabeth Flaharty, M.S.W., received her degree from Western Reserve University. She has held positions in family service agencies in Cleveland, Chicago, Pittsburgh, Berkeley (Michigan), and Los Angeles. Mrs. Flaharty served the Project as a caseworker. She holds a State of California license as a Clinical Social Worker.

Interpreters: The interpreters' role was vital to the Project, not alone because they performed the essential task of enabling communication between the caseworker and the deaf client, but they also provided important services in helping clients deal with other community forces in

their environment. All the interpreters employed by the Project were members of the Southern California Registry of Interpreters for the Deaf (SCRID). The Registry is a non-profit organization that provides aid to deaf persons by helping to remove the barriers between the deaf and hearing worlds. Their primary function is the provision of manual communication. SCRID has developed a code of ethics (see Appendix C) for interpreters that guarantees a high level of professional performance and a standard reliability of proficiency in manual communication skills. SCRID is a member organization of the National Registry of Interpreters for the Deaf. The interpreters used in the Project were as follows:

Helen Danford, a SCRID Member, is the daughter of deaf parents. She is an experienced legal interpreter and has had extensive experience as an interpreter in tutoring, religious, medical, and social service settings. Mrs. Danford was used extensively in the Project for interpreting assignments with clients in the courtroom, with other agencies, and for business transactions in the community. Mrs. Danford has normal hearing.

Lois Fairman, a SCRID Member, is the daughter of deaf parents. She was formerly a counselor at a state school for the deaf and has had extensive experience as an interpreter in educational, religious and legal settings. Mrs. Fairman has normal hearing.

Carol Smith, a SCRID Member, is the daughter of deaf parents. She has had medical, legal, and religious interpreting experience. Mrs. Smith has normal hearing.

Robert Anderson, a SCRID Member, learned manual communication from his deaf brother and deaf friends. He has had considerable interpreting experience in educational, religious, legal, and medical settings. Mr. Anderson has normal hearing and is a fulltime minister at a church for the deaf, Church of Christ, Maywood, California.

Project Analysts: The manner in which the data were gathered and evaluated is described in a later section of this report entitled, "Collection and Analysis of Data". The task of data collection and analysis was carried out by the following persons who undertook the work at the time the Project was terminating.

Project Analyst: Carl M. Shafer, D.S.W., received his Masters and Doctors degrees in social work from the University of Southern California. He has held positions as a social worker in the Hawthorne-Cedar Knolls School, New York; the State of California Department of Mental Hygiene; and Family Service of Pasadena. He also served as Executive Director of Family Service of Pasadena. After several years of private practice, Dr. Shafer joined the faculty of the University of Southern California, School of Social Work. He has had experience in program evaluation and serves as a parttime staff member of the Center for Training in Community Psychiatry, Los Angeles. He holds a license in the State of California as a Clinical Social Worker.

Associate Project Analyst: Ruth Haeger, M.A. is a graduate in social work from the University of Chicago. Miss Haeger's experience includes positions with the Chicago Relief Administration; the Chicago Chapter of the American Red Cross; as a social worker and supervisor in Family Service of Los Angeles, Five Acres (a residential treatment institution for children), and Family Service of Pasadena. Miss Haeger served as a faculty member of the Univesity of Southern California School of Social Work and has been in private practice. She has had experience with explorative and evaluative research.

B. Population and Sample. The client population consisted of all persons (1) who perceive themselves as being deaf; (2) who are seeking help in the form of personal and family counseling; (3) who reside within the County of Los Angeles; and (4) who are at least 16 years of age. Initially, and during the period in which the Project was carried out, no attempt was made to draw a sample from among the applicants. The total target population was estimated to be approximately 3000 persons. Based upon this figure, the Project staff anticipated that the workload for the Project would not overburden the casework staff scheduled to carry out the direct service function of the Project. Additionally, since the purpose of the Project was to develop familiarity with the problems encountered by deaf persons, and to devise appropriate counseling services, it properly could be classified as exploratory and did not require a randomized sampling procedure. Thus, the clients studied in the Project consist of all applicants to Family Service of Los Angeles who met the four criteria listed above.

C. Collection and Analysis of Data. During the planning phase of the Project a number of forms were developed to assist in the evaluation of the data. In the course of the Project, the use of several of these forms was discontinued when they proved to be of limited value. The forms remaining in use at the end of the Project may be found in Appendix A of this report. These forms were used primarily to obtain demographic data.

Case reading guided by appropriate schedules was determined to be the method by which the Project would be studied. It seemed to be the most productive method for developing data that could be analyzed and that would yield findings related to the main objectives of the Project. Developing these research instruments involved selecting specific items that would have a bearing upon the objectives of the Project, and determining the appropriate type of scale for each item to be evaluated ordinally. The general proposition being investigated, while it did not specify expected associations with other variables, did require an investigation into the types of problems that deaf clients bring to a counseling service and the factors that are important in providing such a service.

The main instrument finally adopted, the Schedule for Case Reading--Long Form, was used for all cases in which there had been a continuing relationship with the client that extended beyong one interview. The

schedule contains eighteen items. One requires the selection of a classification, one requires a statement, and the remaining sixteen items require judgments on ordinal or nominal scales (see Appendix B).

A second instrument, the Schedule for Brief Service Completed Cases, was designed for cases in which referral, information, or consultation were the primary services given. In a few instances these cases eventuated in continuing cases after September 30, 1969, the ending date of the Project. This schedule (Appendix B) contained seven items, three of which required classification on ordinal or nominal scales, and four required statements. Its use was limited to determing problem classification for the 23 brief service cases since the other items could not be completed from the records.

Miss Haeger reviewed each case record and recorded her judgments on the Schedule for Case Reading--Long Form. Following the completion of the case reading, the data from the schedules were tabulated and will be presented along with the findings in the section on Results below.

Two interviews conducted with Miss Sylvia Kushner, M.S.W., caseworker in the Project , proved invaluable as sources of additional data. The discussions with Miss Kushner provided added depth and richness to the data obtained from reading the case material.

The Brief Service records and records of requests for information were read by the author of this report. He also is responsible for the interpretation of the data and the analysis of the findings. No claim is made for the reliability of the judgments or the validity of the instruments used in the data collection. However, in the process of developing the schedules used in reporting the data obtained from case records, Miss Haeger and the author found that they concurred in their judgments on a pilot group of cases, and in their understanding of the classification scales contained in the various schedule items.

III. Results

The aim of the data presentation and analysis in this section was to develop formulations about the Project experience from which conclusions and recommendations may be drawn in Section IV (Discussion and Implications of Results), and Section V (Summary). The data presented in this section will include a description of the population served; the frequencies related to client and collateral contacts; and selected data from case records. The funded period covered by the Project was January 1, 1968 through September 30, 1969. Prior to funding, beginning in June, 1967, Family Service of Los Angeles involved itself in a great amount of community activity relating to the educational,rehabilitative, and social services to the deaf interpreting the purposes of the Project and the functions of a family service agency. Even though Family Service of Los Angeles did not get funded until January, 1968, the agency began to accept referrals for service in July, 1967.

Consultation and Information Contacts: An important segment of the services offered to the community by the Project took the form of consultation with other community agencies having encounters with deaf clients, and with families and friends of deaf persons in the community. In some instances these contacts resulted in direct service being given to the deaf person or his family. Such contacts were made into cases and are counted statistically and for assessment purposes in another category discussed in a later sub-section of this report. Other inquiries resulted in referral to other appropriate resources. In instances requiring referral, telephone calls were usually made in advance of the client's application to insure proper "connection" between the accepting agency and the deaf client.

The requests for information and referral received by the Project staff are combined and shown in Table 1.

Table 1.

Requests for Information and Referral by Type of Problem

Type of Problem or Request		Number of Inquiries
Family Problems		38
Parent-child	9	
Marital	13	
Entire family	16	
Adolescents		14
Single adults		18
Unwed mothers		4
Aged		3
Mental retardation		1
Health and medical		7
Legal		3
Educational resources		6
Employment training		6
Interpreters		1
Community resources		9
Total consultation and referral contacts		110

The data in Table 1 reflect the wide range of services required by deaf persons and their families. The low number of inquiries in several categories is due to the fact that most cases with family and individual problems of a psychological nature developed into continuing cases and were therefore not recorded as requests for information. The categories

particularly important to the deaf client such as educational opportunities, vocational training, and interpreter services were surprisingly few. This may be due to the fact that services that do exist are well known to the deaf. Except for the services especially designed to serve the deaf, the adequacy of general services in the community to serve the needs of the deaf remain open to serious question.

Statistical Description of the Clientele Served by the Project. The following statistical description of the Project clientele, Table 2 and Table 3, contain demographic data for the 38 family units served as continuing cases, and the 23 family units served as brief service cases for a total of 61 family units. For purposes of this report, a family unit is defined as a person or family group served as a single case. Thus, a single adult seen alone is considered a family unit.

Table 2.

Hearing Status of Clients Served During Project Period

Hearing Status	Number	
Deaf		
Children	11	
Adults	80	
Total number of deaf clients		91
Hearing		
Children	94	
Adults	9	
Total number of hearing clients		103
Total number of clients served by Project		194

Table 3.

Referral Sources of Family Units Served by the Project

Referral Source	Number of Family Units
Schools	14
Welfare department	6
Interpreters	5
Hospitals	4
Physicians	1
Ministers	2
Vocational rehabilitation	3
Probation	3
Friends	9
Self	4
Miscellaneous social agencies	10
Total	61

Table 4 contains the data descriptive of the interview and telephone activity with clients, related persons, and collateral agencies for the 61 cases in which there was in-person contact with a deaf person or family of a deaf person. These statistics are exclusive of the telephone calls related to consultation, information, and referrals for deaf persons with which there were no in-person contacts.

Table 4.

Interviews and Telephone Contacts with Clients and Collateral Resources

Person or Agency		Number
Interviews		
Clients:		
Man	171	
Woman	209	
Child	82	
Joint (husband and wife)	160	
Family(parents and children)	192	
Total in-person client interviews		814
Collateral interviews (other family members, other agencies)		57
Total in-person interviews		871
Telephone Calls		
Client telephone contacts	59	
Collateral telephone contacts	874	
Total telephone contacts		933
Written Communications		
Letters to clients	87	
Letters to collaterals	88	
Total letter contacts		175

The large number of collateral activities associated with serving deaf clients, particularly telephone calls, can be seen in Table 4. For example, there is slightly more than one telephone call to a collateral agency or person for each in-person client interview. This high ratio of collateral contacts to client contacts reflects the importance of mobilizing other significant persons and services in relation to counseling service to deaf clients. The allocation of staff time necessary to provide these auxiliary services to this population appears to be considerably greater than what is considered usual in family service agencies generally. There are also qualitative differences between service to deaf clients and services to the hearing that will be discussed in a later section.

Problem Classification. Existing classification schemes for problem identification did not seem suitable to the purposes of this Project. Precise diagnostic categories, either based on psychiatric nomenclature or social diagnosis, required information usually not available in the case recording. An alternative was adopted that broadened the categories in a problem classification that included items of a descriptive nature similar to those described by Ripple and applied in a study in which a similar problem was encountered (Ripple, 1964). The categories in the problem classification included the following items:

1. Circumstance -- problems related primarily to external events or circumstances that included economic factors, social factors, or a combination of economic and social factors. This classification required that the primary cause of the problem with which the client was faced was not one to which he had contributed to any substantial degree.

   A. An example of a circumstantial problem that would be classified as "economic" would be one in which the major consideration is the need for more income to provide for ordinary living costs. A problem classified as "social" would be one in which the client's need arises from a change in the individual's or family's social situation, such as the death of a family member, and requires planning with the client to effect an adjustment to the changed circumstances. Financial and social factors may be combined in a third classification under circumstantial problems.

2. Adjustment problems combined with circumstances to which the client has contributed in some major way.

   B. Problems under this classification would be those in which the primary consideration is that the client has contributed substantially to creating the social or economic problem. A man whose belligerence has caused him to lose a job or caused his wife to leave him would be examples under this classification.

3. Interpersonal relationship and/or personality difficulties with minor external causation.

C. The problems classified in this category are represented by situations in which aspects of the client's external situation are not major impediments to his functioning. Rather, the source of his difficulty and the problem areas given major consideration are serious personality and adjustment problems in which the primary focus is on the individual himself and his close personal relationships.

No attempt was made to differentiate between parent-child problems and marital problems since in most of these cases the presenting difficulty was a displacement of a deeply imbedded adjustment or interpersonal difficulty. The broad classification that was used seemed to serve the need for information about the types of problems served without requiring a forced decision into questionable categories. Thus, the problem in each case was classified on the basis of the case reader's appraisal of the total person-in-the-situation as it was indicated in the case record. Table 5. shows the frequency distribution of clients according to their problem classification. These data are for cases classified as Continuing Cases.

Table 5.

Problem Classification for Continued Cases

Problem Classification	Number of Cases
Circumstance	
1. Economic	0
2. Social--changed circumstances	2
3. Economic and social	3
Adjustment problems combined with circumstances to which the client has contributed	21
Interpersonal relationships and/or personality difficulties with minor external causation	12
Total	38

In Table 5. we see a total of thirty-eight cases classified as Continued Cases to which the Schedule for Case Reading-Long Form was applied. Of these, no case could be identified as having economic problem alone as its primary focus. In two cases some social circumstance was the principal problem to which service was given. A combination of economic and social circumstances was found in three cases. This classification was used in instances in which the family or individual was clearly not burdened by personality or adjustment problems. Families or individuals with maladaptive behavior or attitudes that complicated or contributed to their reality difficulties made up a total of 21 cases. Psychological problems were the primary focus in 12 cases. There clearly were a much larger number of deaf clients served by the Project requiring help with adjustment or other psychological problems than there were needing help primarily with problems of circumstance. It should be noted that social and economic factors often appeared as minor issues in the case situations not so classified. Thus the classification decision was based upon the problem given primary focus and the type of disability being experienced by the client.

Table 6. indicates the frequency distribution of problem classifications for cases designated as Brief Service.

Table 6.

Problem Classification for Brief Service Cases

Problem Classification	Number of Cases
Circumstance	
1. Economic	1
2. Social--changed circumstances	1
3. Economic and social	4
Adjustment problems combined with circumstances to which the client has contributed	8
Interpersonal relationships and/or personality difficulties with minor external causation	9
Total	23

The distribution of problems among the Brief Service cases in Table 6. may be seen as similar to that shown for Continued Cases in Table 5. above. The problems seem to cluster around adjustment and interpersonal difficulties for the most part. Requests for information and referral, shown in Table 1, reflect a similar pattern of problems clustering around personal or family adjustment. Reality difficulties tend not to be the principal motivation that initiates the request for help from deaf clients and their families. This may be due in part to the perception of family service caseworkers sensitivity to underlying interpersonal relationship, psychological, and personal difficulties of the individual served.

Client Objective. Table 7. indicates the stated objective of the client at the time of application. In some instances more than one objective was stated which accounts for the total larger than the number of Continued Cases.

Table 7.

Objectives of Clients at the Time of Intake in Continued Cases

Client Objective	Number of Cases
Assistance with some service	7
Environmental change	13
Advice or instruction	6
Support and reassurance	14
Change in self	2
Insufficient evidence--client not clear	4
Total	46

The frequency distribution in Table 7 indicates that deaf clients, at the time of intake, tended to see their problems in circumstantial terms to a much greater extent than they saw a need for personal change. This is in contrast to the view of the social worker reflected in Table 5 above in which it was shown that adjustment and interpersonal relationship problems predominated. The difference may be explained on the basis of two theoretical approaches to the understanding of human behavior. The first, an interactional approach, is concerned with intrafamily relationships within the nuclear family. This emphasis tends to place greater importance upon intrapsychic factors in personal and family adjustment and views difficulties in adaptive behavior in these terms. The second approach may be termed the social systems approach. Consideration is given to transactions between family

members and large social systems such as the welfare department, schools, governmental administrative agencies, and the work group as having primary importance in understanding and solving personal problems. Social workers may rely more on the first approach for explaining behavior than do deaf clients who see their lives affected primarily by social reality.

The large number of clients seeking support and reassurance seems to be a measure of the degree of anxiety and insecurity that characterized a number of these clients. The deaf parents of the hearing child, for example, are filled with uncertainty about their competence as parents and their ability to provide enough enrichment in their young child's environment. Several clients manifested a degree of immaturity that indicated the need for guidance and direction as a preliminary step to dealing with the underlying basic difficulty. Because of this, they may tend to see help in terms of tangible services rather than as a process that includes "talking" about feelings, a process that puts a premium upon communication skills, articulation of abstract thoughts, and an exposure of one's fantasy life. All this is foreign to the deaf person's world.

Degree of Client Stress. The degree of stress felt by the client regarding his problem is shown in Table 8.

Table 8.

Degree of Client Stress Regarding Problem

	Degree of stress				
	Mild	Moderate	Severe	Insufficient evidence	Total
Number	3	10	16	9	38

The estimates of stress shown in Table 8 were based upon evidence in the record of the client's anxiety about the situation which brought him to the Agency. In one instance in which a "mild" rating was given, the family had been referred because of difficulty with their deaf adolescent daughter.

> Mrs. S. seems quite calm and clear in her own mind that her daughter is reacting to "being an adolescent". She realizes it will take time for J. to adjust to the new situation at home. Mrs. S. sounded in charge of herself and the situation....She saw the

> Agency as being helpful to her and J. in working on the problems of their relationship, but also to J. herself in helping her to deal with the changing feelings about herself and her relationships with peers.

In another case identified as showing "severe" stress,a young deaf couple were in conflict and feeling threatened by the prospect of placing their small child in foster care.

> The M's are quite confused and unclear about what to do about the AFDC worker's plan to place their child. They feel intimidated, frightened, and do not know where to turn for help. They do not seem to understand why the AFDC worker deems their home unfit for their hearing child. Yet mixed with this is their apprehension about taking on responsibility of parents for a hearing child. Our service seems quite appropriate at this time in terms of helping Mr. and Mrs. M. understand their rights in this matter and in working through their own feelings about being parents.

The degree of stress is important in the total assessment of a client's situation since, in times of stress compensatory forces develop which tend to minimize the effects of stress. These forces will be exerted opposite to the stress source, and they may be accompanied by changes in other aspects of the client's life. Based upon the estimate of stress force and direction, services might be applied appropriately to stress conditions thus reducing the likelihood of dysfunctional compensatory actions. Table 8 indicates that conditions of stress ranged from moderate to severe in 68 percent of the cases with 42 percent of the cases having a severe stress rating.

Looking at another aspect of the stress factor in service to clients, an attempt was made to assign stress ratings to the total life situation of clients. Table 9 shows the stress ratings of clients when their total life situation was considered.

Table 9

Degree of Client Stress in Total Life Situation

	Degree of Stress				
	Mild	Moderate	Severe	Insufficient evidence	Total
Number	2	9	9	18	38

The large number of cases that could not be rated because of insufficient information is due to the lack of historical data or information about the client's life circumstances in the recording of several of the relatively short-term cases in which historical information did not seem to be required. However, where this information was available, "moderate" and "severe" ratings predominate. An example of a case given a rating of "severe" stress in a total life situation is the D. family..

> Mr. and Mrs. D. are deaf parents of hearing children who have been made wards of the court. The children were in placement because of neglect at home, but have been returned to the family. The D's are alcoholics and have had a history of marital difficulty. Counseling has been helpful to this family and has enabled them to take constructive steps toward reducing family conflict and increasing the D's competence as parents.

The situation in which there was thought to be "moderate" stress in the total life situation is illustrated by the H. family..

> The only aspect of difficulty that seemed to emerge very clearly in the history of the H. family was the confusion of authority that existed regarding handling of the children. This could lead to the conflict of loyalty on the part of L. who seems very sensitive and alert, but who also appears somewhat frightened. The boy, on the other hand, seems a little more clear in terms of his direction. The almost daily involvement in their lives of the grandparents seems to have been the source of the trouble. Although well intentioned and undoubtedly seeing themselves as truly "helping", the grandparents often step into the role of parents, undermining the H's confidence in their own ability to raise their children. This situation has existed since the children were born.....

The two cases in which total life situation stress was considered mild were with clients who were generally adequate but experiencing situational problems that had given them temporary cause for concern.

Client-worker Relationship. Because of the importance of the client-worker relationship in the helping process, an attempt was made to rate the quality of feeling on both sides to the extent that it came through in the recorded material in each case. In Table 10 the ratings of the quality of the client-worker relationship are given.

Table 10

Ratings of the Client-worker Relationship

	Quality of relationship				
	Positive	Neutral	Negative	Insufficent evidence	Total
Client feelings	18	5	1	14	38
Worker feelings	23	4	0	11	38

It appears from the data in Table 10 that a positive relationship between worker and client existed in the majority of the cases served. This item was included in the schedule to determine whether counseling service rendered by a hearing worker was possible to deaf clients. The caseworkers in the Project noted that in most cases served they were aware of a great deal of hostility on the part of deaf clients toward the hearing world and often felt themselves included as targets of this anger. However, a positive working relationship seems to have been achieved in most instances, largely due to the success in handling the realistic hostility that deaf people feel toward services that have not served them and towards a world that shuts them out.

Problem-Solving. Table 11 shows the degree to which clients participated with the worker in problem-solving tasks.

Table 11.

Clients' Shared Participation with Worker in Problem-Solving

	Mode of Participation						
	Independent 1	2	Sharing 3	4	Dependent 5	Insufficient evidence	Total
Number	3	6	7	6	6	10	38

In attempting to rate the quality of participation by clients in the problem-solving process, the case reader found it necessary to extend the rating scale to five positions because of the subtleties of this factor. Of those cases that could be rated along this dimension, it can be seen that the results are inconclusive. There were a few situations in which clients seemed to move from one part of the scale to another, that is, from independent to dependent. In those instances, the modal rating for that case was used. Thus, if a family tended to take an independent or sharing role in the problem-solving task as their characteristic way of working in the casework situation, a rating of 2 would be given even though in some situations they tended to fall into a dependent role:

> The R's displayed a good sense of responsibility in the discussion around how they might better cope with K's school problems and behavior in the home. Yet at brief times they were almost childlike themselves in their willingness to agree with me.

No conclusion about the group studied can be drawn with regard to client behavior in problem-solving. The distribution of ratings is not indicative of any significant pattern.

In Table 12, client patterns of handling problems in the past is shown.

Table 12

Past Handling of Problems by Clients

	Mode of Past Problem-Handling				
	Adequate 1	2	Inadequate 3	Insufficient evidence	Total
Number	1	10	11	16	38

The lack of information about the past in many records limited the number of cases in which an assessment could be made of clients' ability to handle their problems in the past. In cases in which such ratings could be made, they tended to indicate that clients had difficulty in resolving their problems in the past. This would suggest that deaf client's repertoire of coping mechanisms is limited so that in crisis situations they have little successful experience upon which to look back for guidance. This is in contrast to studies of deaf populations which show them to have stable work records, a capacity to sustain sound personal relationships, and an ability to achieve emancipation from families. The large number of cases which contained insufficient evidence on this item leaves the question open even for this group.

Table 13 indicates the degree to which a variety of environmental, social and personal factors influenced the capacity of clients in the Project to solve their current problems.

Table 13

Factors Restricting Problem-Solving Efforts of Clients by Degree of Restriction

Restricting Factor	Degree of Restriction				
	High	Med.	Low	Insuf. Evid.	Total
Economic	6	4	17	11	38
Environmental (social)	15	12	4	7	38
Hearing handicap	13	5	11	9	38
Lack of personal resources	12	10	8	8	38
Lack of community resources	1	13	14	10	38
Totals	47	44	54	45	

The data in Table 13 are inconclusive because of the large number of cases in which the recording was insufficient to justify a judgment on the extent to which these factors were restrictive to the client's problem-solving efforts. It can be seen, however, that social limitations, e.g. isolation, imposed on the deaf person, his hearing handicap itself, and the lack of personal resources (education) stand out as having a strong influence upon the coping capacity of the deaf client. Economic factors and inadequate community resources tend to be of less importance as obstructions to their problem-solving efforts. This finding is not consistent with the impression one gets from data described earlier indicating that resources to serve the deaf are both lacking and inadequate to their total needs. The encounters with agencies leave deaf clients feeling that they are being turned away, inadequately understood, and not welcome.

Communication. The data presented in this sub-section deal with the various aspects of communication between the worker and the client. Table 14 indicates the results of judgments made concerning the extent to which the client and social worker were in agreement about the problem to be worked on. This item goes beyond the data reported in Tables 6 and 7 to the extent that it reflects the coming together of the worker and client on an agreement about what is to be undertaken. This data represents a measurement of that agreement.

Table 14

Shared Understanding Between Client and Worker
Regarding Problem to be Worked With

	Degree of Understanding						
	High 1	2	3	4	Low 5	Insuff. Evidence	Total
Number of Cases	10	5	14	2	3	4	38

The data in Table 14 supports the belief that it is possible for deaf clients in a counseling situation to come to agreement with the worker on the nature of the problem with which help can be given and on which they can work together. Clients in this Project seem to have felt the worker was trying to reach an understanding of their problems.

Table 15 shows the degree of shared understanding between the client and worker regarding the approach to be used in the problem-solving effort.

Table 15

Shared Understanding Between Client and Worker
Regarding the Approach to
Problem-Solving

	Degree of Understanding				
	High	Medium	Low	Insufficient evidence	Total
Number of Cases	14	10	7	7	38

The data in Table 15 indicates a moderate to high degree of agreement between clients and workers in the way the process of help was to be approached. It is difficult to determine to what extent resistance, a normal phenomenon in any counseling situation, influenced the case reader's judgment of the factor of worker-client agreement on approach used in problem solving.

Table 16 contains data resulting from an attempt to describe the appropriateness of worker activity to the client's problem. It also contains data based upon the judgment of the appropriateness of the Agency's program and resources to the Project's undertaking in serving the deaf client.

Table 16

Worker Activity and Agency Resources as Functions
of Appropriate Response to
Client Problem

Function	Degree of Appropriate Response				Total
	Appropriate 1	2	Not Approp. 3	Insuff. Evidence	
Worker activity	22	11	1	5	38
Agency resources	20	7	0	11	38

The data in Table 16 indicates clearly that both worker activity and agency resources were appropriate to the problems of the clients served.

The quality of communication between the social worker and the client was examined in the reading of the case records in an attempt to evaluate yet another aspect of communication between worker and client in their discussions. The responses were rated in terms of congruence, ambiguity and divergence. Table 17 contains this data.

Table 17

Communication Between Social Worker and Client

	Degree of Congruence				Total
	Congruent	Ambiguous	Divergent	Insufficient evidence	
Number of Cases	16	14	2	6	38

The three qualitative categories used in making the judgments on the item presented in Table 17 refer to the frequency in which the worker and client were together, i.e., congruent; uncertain or vague, i.e., ambiguous; or clearly not communicating, i.e., divergent. In six cases there was insufficient evidence in the case record to make a judgment. Where judgments were possible, fifty percent of the cases showed clearly congruent communication and fifty percent were either ambiguous or divergent. These qualitative assignments made to each case were based upon the modal communication that characterized each case.

This finding may be influenced in part by the difficulty in communication caused by the client's hearing impairment and consequent cognitive difficulties. However, even in cases involving normally hearing clients factors such as resistance, anger, and anxiety may influence the clarity with which the client and social worker communicate. The fact that deafness compounds the tendency of people to block out painful or disturbing communication is a factor to be noted in the counseling of deaf clients.

In an effort to evaluate the effectiveness of the interpreters' communication with clients, the data presented in Table 18 was assembled.

Table 18

Communication of the Interpreter with Deaf Clients

Level of Clarity	Number of cases
Clearly communicated client's meaning	23
Had difficulty making client's meaning clear	2
Most of the meaning in client-worker communication seemed to be lost	4
Insufficient evidence	9
Total	38

As can be seen in Table 18, in the majority of instances the interpreter was able to convey the client's meaning effectively. The nine cases in which there was insufficient evidence, communication was clear, but there was no mention in the record that an interpreter was present. As the social worker and interpreter became experienced in working together, the social worker seemed to take less account of the interpreter's presence and saw her more as an extention of herself. This point will be discussed in greater detail in a later section.

Movement. The data presented in this sub-section deals with several items associated with general progress in the cases served by the Project. Movement scales were not applied to determine the change that took place in a given case. The evaluation is based upon the judgment of the case reader. Table 19 shows the results of these judgments regarding case movement.

Table 19

Movement in Project Cases Measured by Several Criteria

Factors Characterizing Movement	Number of Cases
Blocking and little or no progress	8
Adequate progress	11
Considerable progress	7
Not clearly evident	12
Total	38

The evaluation of movement and outcome in social work practice can be accomplished only if some comparison can be made between the client's situation at the time the case is closed and the problem he presented at intake. Because of the wide variety of problems with which social workers must deal, the range in degree of pathology and capacity which clients bring to the social work process, and the imperfect scales that are available to be applied to the measurement of client movement, each client must be evaluated in the context of his own situation.

The essence of outcome, therefore, lies in the estimate of individual client change, not according to some established standard of performance and behavior, but according to how far he has moved from where he began. In making this evaluation, the following factors are useful: (1) the change in level of client or family functioning from case opening to case closing in the area given major consideration; (2) the status of the problem at the time service is terminated; and (3) the level of adjustment of the client or family generally at the time the case is closed.

These criteria lend themselves to an evaluation of the degree of change in problem status as well as to an assessment of the total situation in which the client exists. In many cases the degree of change may not be great, nor the level of functioning achieved at termination very high. This is less an indication of the effectiveness of service than it is a measure of the degree of client pathology and capacity to change himself, his circumstances, or both. It speaks also to the fact that many problems brought to social workers are determined by factors, external to the individual, that have broad social consequences, problems that have as their remedy institutional change. Neither the individual nor the social worker has the resources to deal with such matters effectively. Client improvement, seen in this context, must be measured in individual terms.

Approximately forty-seven percent of the cases served as Continued Cases were judged to have made adequate or considerable progress in the course of treatment. Blocking or little progress was noted in eight cases while in twelve cases there was insufficient evidence on which to make a judgment. Since these twelve cases represent nearly one-third of the cases evaluated, it can be seen that a large majority of the cases in which judgments could be made showed adequate or better progress. For this group of cases, it can be said that the help offered was useful to the clients and helped them improve their life situations with regard to the problems that brought them to the attention of the Project's services.

Another aspect of service effectiveness, the client's ability to engage in problem-solving and use of help, is reflected in the data presented in Table 20.

Table 20

Client's Problem-Solving Ability and Use of Help

	Problem Solving Ability and Use of Help				
	High 1	2	Low 3	Insufficient evidence	Total
Number of Cases	5	17	6	10	38

While the data in Table 20 seem inconclusive, they suggest a picture of only moderate capacity on the part of deaf clients to utilize opportunities for help. The clients served by the Project may have had minimal personal resources upon which to draw (see Table 13), thus affecting their capacity for relationship, trust, and sharing of feelings and emotions.

Evaluation of Service. Taking into account such items as the appropriateness of the social worker's activity, the adequacy of agency facilities, the effectivenss of communication between worker and client, and the level of understanding achieved (see Tables 14, 15, 16, and 17), an attempt was made to weigh these factors and evaluate the total service rendered by the social work staff to the clients of the Project. The results of this evaluation are shown in Table 21.

Table 21

Overall Evaluation of Performance of Project Staff and Agency Service

	Evaluation Ratings				
	High	Med	Low	Insufficient evidence	Total
Number of Cases	18	14	1	5	38

The generally high rating given to the social work and agency service was based on the assessment of the quality of social work service and the adequacy of agency resources in supporting the service. It is a measure of the availability of agency resources; the skill of the social workers and interpreters; and the effectiveness with which the Project service carried out its objective to bring counseling service to the deaf client.

Ending Status of Cases. The status of the thirty-eight Continued Service cases at the time the Project ended on September 30, 1969, is shown in Table 22.

Table 22

Status of Continued Service Cases at Project Termination

Case Status	Number of cases
Continues active	22
Offer of service still open	6
Client failed appointment; no further contact	1
Client failed appointment; refuses after other contact	2
Client refused appointment	1
Client cancelled appointment; no follow-up indicated	1
Non-response to offer for appointment	2
Service completed	3
Total	38

Of the thirty-eight Continued Cases, twenty-eight remained open at the time the Project was terminated. This represents seventy-three percent of the total. Three cases were closed because service had been completed, and seven cases were closed for reasons indicated in Table 22.

Adequacy of Records. One of the challenges in this evaluation has been the interpretation of data from records intended primarily for service purposes. The judgments made in this study were based upon the data obtained from this record source. As has been indicated at numerous points in this report, there were many instances in which insufficient evidence in the record made complete evaluations impossible. To a considerable extent this limited the generalizations that could be made about the Project. In spite of this limitation, it was possible to secure information that could support a wide range of judgments that have been reported. It was found in evaluating the records themselves on the basis of their sufficiency as data sources that twenty-five of the thirty-eight records were adequate, and the remaining thirteen were deficient in some important area of interest to the Project evaluation. Where this occurred, that is, in case records lacking information, no judgment was attempted.

Special Needs of Deaf Clients. A number of special needs of deaf clients emerged from case reading of the thirty-eight Continuing Cases, the one hundred ten consultation/information contacts, and the twenty-three Brief Service Cases. These needs are described below.

1. Medical Needs. Several clients showed symptoms of anxiety related to their uncertainty about medical diagnoses that had been made on their ailments. It appeared that the doctor's inability to communicate clearly with the client had reduced the effectiveness of the medical service. This left clients reluctant to pursue further medical advice and needed treatment. Introduction of interpreter services in medical settings serving deaf patients where such services do not now exist would improve medical care to deaf patients and is supported by this finding in the Project.

2. Interpreter Services. There are many situations in which interpreters can be useful to the deaf. In a number of cases studied one of the main services given to the client was of an interpreter's intervention in the client's encounter with an administrative agency, the courts, or a commerical organization. Availability of such services to the deaf person at low cost or as an integral part of certain large public agencies would reduce the tensions and crises that arise in the deaf person's life because of misunderstanding or total failure to communicate.

3. Counseling Services. A broad range of special counseling needs develop in the life of a deaf person. The numerous crises mentioned above; counseling for hearing parents of deaf children; for deaf parents of hearing children; for families with problems associated with psychological or social consequences of deafness; and referral to appropriate

services are a few of the identified special counseling needs of the deaf. Agency services that reach out to the deaf client would be particularly helpful in view of the deaf person's reluctance to seek help, his limited knowledge of existing resources open to him, and his basic distrust of agencies because of his experience of past failure in finding communication resources available to him.

4. Educational Opportunities. The deficit in the deaf person's education is perhaps his most pronounced handicap. Stress on early mastery of manual communication and an increase of the capacity of this type of communication to convey abstractions would enable the deaf person to deepen his understanding of the world around him as well as increase the benefits of his learning efforts. The time invested in teaching communication skills seems to overburden the deaf person to the extent that little time or energy is left him to learn subject content. This seems particularly true in those instances in which oral communcation has been stressed in the education of the deaf person.

5. Legal Services. The incidence of legal difficulty encountered by the deaf person seems to be considerably higher than for the hearing. His lack of understanding about business matters, contracts, and ordinances places him in frequent legal jeopardy. Preventive legal counseling services to the deaf would help reduce this area of difficulty. In addition, adequate legal representation when the deaf person is in difficulty seems required on the basis of equity.

6. Youth Services. The special needs of deaf adolescents for recreational and social contacts as well as vocational training and counseling seems to have gone largely unnoticed. Programs designed to help deaf youth become integrated into the larger community would reduce their sense of alienation and frustration that carries into the adult years and contributes to the maladaptive attitudes many deaf adults develop. For those young people who have been identified as needing remedial educational services or counseling for psychological problems special agency programs designed to meet these needs are required. Requests for help around problems concerning adolescents were among the most frequent consultation and information contacts experienced in the Project.

7. Resources for Environmental Enrichment. The child of deaf parents, particularly the hearing child, would benefit from early experience in nursery school settings that could bring the stimulation his own parents are unable to provide. While many nursery schools are available, their programs may not meet the special requirements of the young child who has spent a large portion of his first years with adults who can communicate with him only in silence. Special programs

that would include services to the deaf parents might reduce their tendency to feel insecure in their relationship with their hearing child. Helping them develop resources within the context of their families to provide extra opportunities for their hearing children to experience the world of the hearing would increase the confidence they need to function adequately in the parent role.

8. Employment. Studies cited earlier in this report have shown the deaf client to be underemployed and excluded from high status positions. Entry into areas of work for which the deaf person can qualify requires additional training opportunities and interpretation to prospective employers as well as to the public generally of the special abilities the deaf person brings to certain occupations. Agencies concerned with service to the deaf seem to be the appropriate instrumentalities for such interpretation. Acceptance of the deaf person as an equal in the community has still to be accomplished.

9. Coordinating Services. The multiple services required by the deaf client would be made more effective by coordination. A central service to which the deaf person and others interested in the deaf could turn for assessment of his problem and for proper referral would enable him to utilize existing services more effectively. Such a coordinating agency could be instrumental in encouraging development of needed services some of which have been identified above.

IV Discussion and Implications of Results

Problem Classification. The condition of deafness presents clinical problems in the treatment of the deaf client similar to those encountered in treating any clients under stress. Disability creates an additional psychological strain because of its threat to the security of the person and its influence upon the body image of the individual who sees himself as deficient. Adaptive capacity of the individual is thus reduced because of these ego-alien elements. The Project findings reflect reduced capacity of the deaf person to cope with the ordinary stresses of life inasmuch as most clients' needs for service fell into a problem category that combined maladaptive behavior and external circumstances that had been aggravated by the client. The loss of physical and social resources in the deaf person seems to result in a loss of security that has implications for counseling clients with this affliction.

The principal social worker in the Project, Miss Sylvia Kushner, reported that deaf clients displayed more primitive emotion than do the hearing. Problems tend to be strongly emphasized with affect that moves

quickly to extremes of anger and pleasure. High anxiety, low stress level, and dependency seem to be representative of the deaf person's displaced rage at his deafness.

Treatment Objectives. While the client's objective tended to be aimed at specific external change, a number of clients also sought support and reassurance with problems of parenting or personal relationships. These requests suggest that the deaf client's main effort seems to be to cope with the stress his handicap creates in his encounters with external realities that he only partially understands.

The inner alignments of his defenses also are revealed in his patterns of reaction. The case records amply documented that deafness affects every aspect of a person's life. The fact of not hearing (and usually not speaking) shows up as a major determinant to the life an individual can lead;the relationships available to him; his opportunities for education and meaningful work; for family life and community ties; for economic security and socializing experiences; indeed, for the opportunity to understand and perceive realistically the world around him as he views it from his condition of marginality.

Stress. The steps taken in adaptation to stress often include escape into superstitution, infantile behavior, and dependency. The high level of stress found in most cases called for supportive intervention and restoration of some degree of confidence on the part of clients in their own ability to deal with their situations and function as independent adults. This began with the moment of first contact. It appeared that in cases in which clients showed great emotional stress and were reaching out for help, adaptations in the intake process to reduce delay and confusion were made. The responsiveness of clients to this understanding approach indicates the usefulness of these changes in dealing with clients in stress situations. The crisis model of treatment which calls for immediate help with reality issues and interventions aimed at restoration of the client to a former level of functioning as rapidly as possible seems applicable to work with the deaf client in acute stress.

Relationship. Understanding of and responsiveness to his needs were factors in the largely positive relationships between the social worker and client in the cases served by the Project. In addition, the social worker had an orientation to the culture of the deaf and was able to work at the slow pace made necessary by communication problems and the need for many collateral calls. The one-dimensional thinking of the deaf and the continuous crises in their lives were additional factors that interfered with progress in many cases.

Because the marginality of the deaf person causes him to be on the edge of the hearing world socially and psychologically, the social worker must intervene in special ways to help the client bridge the gap between the hearing and non-hearing cultures. The case records studied suggest that clients came for help with a wide array of serious, long unmet needs that demanded extensive, patient, and often laborious work with various agencies and individuals in the community. It was necessary to secure information, coordinate services, and clarify all of this to a confused, frightened person. The Project staff of social workers succeeded in managing this task through an unusual amount of collateral contacts, effective interpreter services, and management of the client-social worker relationship in a way that minimized the client's tendency toward dependency and regression. The consequence was a marked indication of positive outcomes in most cases.

Communication. The Project seems to have demonstrated the usefulness of a counseling program for the deaf, particularly the validity of a specialized service. When a problem or life condition requires a person to live a life vastly different from others, often in ways that alienate him from others, society must be concerned and the profession of social work must be involved. Family Service of Los Angeles, the host agency for the Project, was able to coordinate and to work with a variety of organizations and professions in developing the special service being evaluated. The focus on the individual experiencing the problems caused by deafness offered an opportunity to dispel stereotyped ideas, approaches and solutions that have complicated the deaf client's search for help; and understanding in the past. Such efforts in help seeking have most often met with disappointment and hurt, causing reinforcement of fear and distrust in these clients when they needed help from the community.

One of the vital elements in the program of the Project was the use of interpreters as part of the counseling process. In nearly all cases in which evidence was available, the records indicated clear and successful communication with the client. Knowledge of manual communication is not enough. The interpreter must also have knowledge of the culture of the deaf and the acceptance of the deafness of the client. Because interpreters frequently are themselves children of deaf parents, they may carry with them unresolved feelings of resentment from their own childhood experiences and perhaps over-identify with the hearing children of deaf clients.

The Project interpreters displayed skills of different kinds and were used in ways that permitted them to contribute the best they had to offer in the counseling process as well as in assisting clients outside the agency with services related to their problems.

The presence of the interpreter enhanced the counseling service, not only because it reduced the strain of communication between client and social worker, but because it reflected an acceptance of the client's language pattern which, in turn, was an acknowledgement of the client himself. It is not known to what degree distortion of meaning, censorship, or contraint because of "third person presence" occurred. The records and the testimony of caseworkers supports the positive contribution of the interpreter with minimal loss due to their participation.

V. Summary

The objectives of the Project were exploratory, demonstrational, and developmental. The extent to which they were achieved during the period in which the Project was operational will be discussed in this sub-section.

1. The first major purpose of the Project was to make personal and family counseling services available to the adult deaf through regular community agencies. The program of the Project succeeded in publicizing the program sufficiently to recruit a total of 61 clients and 110 inquiries and requests for consultation. The fact that for the most part one caseworker at a time carried the responsibility to render services demonstrates that the services offered were fully utilized. A larger program would seem to be justified by the demonstrated demand. The large number of inquiries which did not materialize into cases may have been due to deterrent factors such as delay and the possible inappropriateness of the application forms used.

2. To determine the kinds of personal and family counseling services needed by the adult deaf and their families was a second objective of the Project. The services tended to fall into three broad categories of circumstantial, adjustment, and psychological problem classifications. Beyond this, a number of service needs in the community were identified. Interpreter services, education, communication training, and increased community awareness of the needs of the deaf were among the more important findings. Improvement of medical and legal services also were noted as important.

3. Facilitation of information and referral services was a third purpose of the Project. The inquiries handled by the staff included numerous contacts with agencies, collateral contacts in the community with individuals and organizations, and required frequent search for appropriate services. In several instances such inquiries resulted in referral to the Project for brief and continued service. In the course of these activities, a good deal of interpretation of the needs of the deaf to other community agencies took place. Within the limitations

of the program, the Project was very effective in modifying community agency attitudes toward serving the deaf client. It also was effective in helping families having trouble in other agencies by acting as coordinator of services. The deaf clientele came to see the Family Service Agency as a focal point to which they were able to turn as a mediator in their difficulties with other services, their jobs, and essential medical and legal needs.

4. The development of a program of formal, regular mental health consultation for professional and lay counselors, a fourth objective of the Project, was not achieved. The program did not succeed in developing this important resource for reenforcement of counseling services.

5. While Family Service of Los Angeles is continuing service to the deaf supported by the community, the development of long term community support for such projects has not yet taken place on a broad scale in other agencies. The achievement of such support would appear to be a long term undertaking and therefore an unrealistic expectation for a demonstration project of brief duration. Nevertheless, wide community support for services to the deaf continues to be a necessity in order to achieve a viable counseling program. While it is not possible to evaluate to what extent the program stimulated interest among agencies and in the community in the needs of the deaf, there appears to be some evidence to support the belief that a beginning has been made in the direction of making essential services more readily available to this special risk population.

6. The recruitment and training of professional personnel to work with the adult deaf was achieved to the extent necessary to carry on the Family Service program of the Project. No large scale effort to recruit and train casework and interpreter personnel was undertaken. This activity would not seem to have been an appropriate effort because of the many changes that took place in the design of the Project ending in a reduced allocation of funds and resources available to the Project.

Generally, the goal of the program was achieved. Its primary aim was to demonstrate the feasibility of counseling services for the deaf within the context of a family service agency. Special needs of the deaf were highlighted, and the skills necessary to work with deaf clients were identified. Several recommendations have developed from the experiences of the Project staff and are listed below.

Many of the deaf families served require protective services and long term help and support, particularly when children and young people are involved and prevention of more severe problems is possible. There

are many tragic experiences noted in the records that might have been avoided or minimized by intervention long ago.

The problems in many cases are so deeply imbedded in the life style of the families that much hard work is necessary, often with limited possibility for constructive change. This raises a question about whether it is possible for a social worker to work exclusively with this type of client. The emotional strain associated with difficult communication, and the pressures of crises and extensive collateral work point to an assignment of cases involving deaf clients in a way that would make this work only a partial responsibility for any one social worker.

The records did not always show the ongoing professional processes and planning, or the interaction between client and worker and the effect of the interpreter. Recording often summarized development over long periods of time, seemingly unrelated to the way in which the case was proceeding. In a Project such as this, it would be well to develop guidelines for recording and analysis early so that a more complete evaluation could be made.

Recognizing that many of the deaf clients had limited education and low verbal facility, and that they are easily discouraged from seeking service, the letters describing the service, and the application forms sent to clients may have constituted a barrier to some of them. They may have interpreted this procedure to mean that there was an expectation that the client would complete an application form and return it before an appointment was offered, while in fact the Agency made no such requirement. However, many of the clients had such resistence and fear in approaching an agency for help that it might have been desirable to offer them a choice of a home visit and completion of the application form with help in the first interview.

Signing is like a foreign language. Attempts on the part of the deaf person to communicate with a hearing person very likely take a great deal of energy. Perhaps this fact in part accounts for the frequently noted low tolerance for frustration in deaf clients. In the absence of an interpreter, a plan of extended intake over two or more interviews to compensate for the laborious nature of these communications would leave the social worker freer to relate to whatever the client can bring into the interview without feeling pressure to reach decisions quickly about the service desired or needed. The Project's employment of interpreters eased the burden of communication on both the client and the social worker, leaving them free to give major consideration to problem-solving.

The deaf client seems to be able to respond constructively to the use of auxiliary helpers. A case aide program would be useful in a

counseling service to the deaf to manage special needs and some of the collateral work necessary to support the counseling help. People might be drawn from the ranks of families who had solved the problems associated with living with deafness to work with deaf clients.

Group discussion may be a useful device to help young hearing people who are reacting against the fact of deafness in their families. Young, immature parents who are deaf also would benefit from special services to help them accept responsibilities of parenthood, particularly parenthood of hearing children.

Early verbal training for hearing children of deaf parents with the active cooperation of the parents would help to reduce some of the anxiety about their adequacy as parents.

Several matters for additional study deserve mention. First, the use of case aides as a means for extending services to the deaf needs exploration. The Project has identified a number of opportunies for assisting deaf people in their encounters with the hearing world. Many of the difficulties that arise from these encounters might be reduced if professional help was immediately available. A Project that would demonstrate the feasibility of using case aides as an extension of professional services would be useful in determining the nature of the problems for which such services might be appropriate, the kind of training that would be required for aides, and the population from which aides might be recruited.

A second subject meriting further study is the role of the interpreter in the casework process. What influences the presence of the interpreter may have in the interview, the nature of the relationship of the interpreter to the client, and the influence of the interpreter's attitudes toward the client on communication and on client perception of services are important aspects of the special nature of this element of casework services to the deaf that require further investigation.

A third factor related to service to the deaf deserving exploration is the use of mental health consultants to professional workers and agencies serving the deaf. A program directed at developing a professional corps of psychiatric, psychological and social work consultants might prove useful as supports to existing services and to the development of new ones. The suggested study should be in the area of developing an understanding of how such consultation might be used.

The final recommendation for additional study is related to the problem of developing broad community support for a wide range of services to the deaf. Study of community organization aspects of developing and sustaining citizen support for services to this risk

population, and exploration of the factors that could be used to develop criteria for setting priorities in expanding services for the deaf would seem to be an important part of studying the needs of the deaf.

This evaluation has emphasized the adverse effects of deafness upon the development of the person as a social creature able to function in a complex society. The focus has been on his difference from the hearing person and his maladaptive behavior caused by the failure on his part to comprehend the world around him. However, this emphasis tends to obscure the fact that many deaf people function effectively and live happy and useful lives. The Project encountered those in difficulty. Yet even in their difficulty they displayed remarkable capacity to use help. In contrast to the common stereotype about the capacity of the deaf, there is evidence in this Project that the deaf can learn, can relate, and can become successfully socialized to an extent that would enable him to achieve a position of equality in the community of the hearing. To seek out and implement the process that would enable him to do this remains the challenge to education and social work.

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APPENDIX A

Project Correspondence and Data Collection Forms

(LETTER SENT TO COMMUNITY AGENCIES WITH CHILD OR YOUTH ORIENTATION)

Family Service of Los Angeles is soliciting referrals to their special project offering personal and family casework counseling to adult deaf individuals, 16 years and over, and their families who reside in Los Angeles County. Counseling services will be provided by experienced caseworkers utilizing the services of skilled interpreters who can interpret manually or orally, as the individual case may require.

From our brief experience, there is substantial evidence to indicate that school age hearing children of deaf parents frequently demonstrate a variety of adjustment problems when placed in a hearing environment. Therefore, we ask your cooperation in referring families in which there is deafness and a need for personal or family counseling services.

At this time, caseworkers assigned to this project are located in our San Fernando Valley District Office, 14419 Burbank Boulevard, Van Nuys, California 91401. Referrals may be made by writing to this office or by telephoning Miss Sylvia Kushner, Caseworker, at 785-8861. Arrangements will be made to see clients in this office, in our other district offices, or service will be provided in the families' homes when indicated. However, all referrals should be directed to the San Fernando Valley office.

Thank you for your interest and expected cooperation. If you desire further information, please call Miss Elizabeth Norton, the Project Supervisor at the Valley Office, (785-8861), or you may contact me at the telephone number listed above.

Sincerely yours,

Joseph Kane
Project Director

(Agency Letterhead Used)

(LETTER SENT TO COMMUNITY AGENCIES WITH ADULT ORIENTATION)

Family Service of Los Angeles is soliciting referrals to their special project of offering personal and family casework counseling to adult deaf individuals, 16 years and over, and their families who reside in Los Angeles County. Counseling services will be provided by experienced caseworkers utilizing the services of skilled interpreters who can interpret manually or orally, as the individual case may require.

At this time, caseworkers assigned to this project are located in our San Fernando Valley District Office, 14419 Burbank Boulevard, Van Nuys, California 91401 Referrals may be made by writing to this office or by calling Miss Sylvia Kushner, Caseworker, at 785-8861. Arrangements will be made to see clients in this office, in our district offices, or service will be provided in the families' homes when indicated. However, all referrals should be directed to the San Fernando Valley office.

Thank you for your interest and expected cooperation in referring adults in which there is deafness and a need for personal or family counseling services. If you desire further information, please call Miss Elizabeth Norton, the Project Supervisor at the Valley office, (785-8861), or you may contact me at the telephone number listed above.

Sincerely yours,

Joseph Kane
Project Director

(Agency Letterhead Used)

Special Project: Service the Adult Deaf

DATA FORM DESCRIPTION SHEET

FORM NUMBER: D-7

FUNCTIONAL TITLE: FSLA In-Take Form - Modified Regular

PURPOSE: To provide FSLA with an in-take form that provides the information usually collected plus an indication of hearing loss in all family members.

PROJECT USE: To be used for identification and description of case participants, possible referral source, case problem as seen by client(s) and previous history of seeking help.

COMPLETED BY: Client

WHEN COMPLETED: Before first session

DELIVERED TO:	Project Director	WHEN:	Case Termination
	WPC Research Department		Case Termination

WPC/FSLA Proj.
EF:sc
10/22/68

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

INSTRUCTIONS FOR USE OF FORM D-7

Please fill out and return
enclosed application to:

Family Service of Los Angeles
322 West 21st Street
Los Angeles, California 90007

SOME FACTS ABOUT FAMILY SERVICE OF LOS ANGELES
A United Way Agency

Several hundred families a month receive professional help with individual and family troubles within the confidential interviewing offices of Family Service. The agency is an accredited member of the Family Service Association of America. It has a staff of family counselors well qualified by graduate study in accredited schools of social work and by social casework experience in individual and family counseling.

Office hours are 8:30 to 12:00 and 1:00 to 5:00 Monday through Friday except on Wednesday when the hours are 12:30 to 4:30 and 5:30 to 8:30 P.M. All interviews are scheduled for 45 minutes and are by appointment only. Appointments should be cancelled, when necessary, at least 48 hours in advance so that the time can be given to another applicant.

Fees range from $1.00 to $25.00 a week, and are based on family size, income and ability to pay. No charge is made to families unable to pay. The amount of the fee will be established at the time of your office interview.

The information on the application form will be regarded as confidential. It is important in order for us to understand the nature of your problem and in planning for an appointment with you.

4/7/67 - dj

D-7
10/68

CONFIDENTIAL

1. Last Name _____ Phone: Home _____
   Work (man) _____
   Work (woman) _____
2. Address _____ City _____
   (Include Zip Code Zone)
3. Marital Status _____ Date of Marriage _____ Wife's Maiden Name _____
4. Members of Family:

	First Name	Birth Date	Birth place	Religion	Hearing Loss	Cause and Age at Hearing Loss
Man:	_____	_____	_____	_____	_____	_____
Woman:	_____	_____	_____	_____	_____ %	_____

5. Children (Use other side if needed)

First Name	Birth Date	Birth place	Religion	Hearing Loss	Cause and Age at Hearing Loss
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____ %	_____

6. Others living in Home _____ Relationship _____
   _____ Relationship _____
7. Previous Marriages:
   Of Husband _____ _____
   Wife _____ _____
8. Date of Arrival in:

	L.A. County	California	U.S.A.
Man:	_____	_____	_____
Woman:	_____	_____	_____

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10/68

9. Employment:

	Place of Employment	Occupation	(Before Deductions) Gross Earnings	Date of Employment
Man:				
Woman:				

10. Other Family Income: (Specify below source and amount) _____

_____

11. How did you know of Family Service?_____

_____

12. What is the problem you wish to discuss? When did this first worry you?_____

_____

_____

_____

13. Have you had previous help with this or other family problems? If so, when and from whom?_____

_____

_____

Date_____ _____

_____
Signature(s)

D-7
10/68

Special Project: Serving the Adult Deaf

DATA FORM DESCRIPTION SHEET

FORM NUMBER: D-8

FUNCTIONAL TITLE: Special Project In-Take Form - Vocational

PURPOSE: To provide data on educational and other vocational placement and adjustment information. To establish deaf adults' perception of their ability to communicate.

PROJECT USE: To be used in determining level of vocational placement of case wage earner(s). For description of occupational history and adjustment. For description of client perception of own normal communication skills.

COMPLETED BY: Client with help of interpreter

WHEN COMPLETED: In most cases before first session or as soon as possible after first session.

DELIVERED TO:	Project Director	WHEN:	Case Termination
	WPC Research Department		Case termination

WPC/ FSLA Project
EF:pc
10/22/68

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

INSTRUCTIONS TO INTERPRETER FOR AIDING DEAF CLIENTS IN FILLING OUT FORM D-8

a. This form is to be filled out before first session with the caseworker.

b. Would you please have clients read the attached information sheet. Try to explain any questions they might have. If you cannot explain ask the caseworker to explain when the session begins.

c. Help clients complete the form and check to see that all blanks have been completed to the best of the client's ability.

d. If the clients have no objection to post service interviews check to see that they have signed the form.

e. Give form D-8 to the caseworker when the session begins.

Thank you.

D-8
10/68

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

INFORMATION SHEET

Please answer the questions on this form as well as you can. This information completes the application process. It is needed as part of a study of the deaf being done by Family Service of Los Angeles for the Social Rehabilitation Service of the U. S. Department of Health, Education, and Welfare. The answers will be used to help you or other people who may have personal or employment problems. When your answers are used they will never be connected with your name.

D-8

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FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

CONFIDENTIAL

Name_____ DATE_____

1. Education:

	Name of Last School & Location	Dates Attended	Highest Grade Completed
Man:			
Woman:			

2. Vocational Training: (If not reported in No. 1)

	Name of School & Location	Dates Attended	Type of Training	Completed Training
Man:				Yes___No___
Woman:				Yes___No___

3. Previous Employment: (List the last two jobs held before present employment)

	Place of Employment	Occupation	Last Earnings	Dates Employment	Reason Left
Man:	1.				
	2.				
Woman:	1.				
	2.				

4. If you were unemployed and not attending school or vocational training at any in the past 5 years, how long were these period of unemployment:

	No Unemployment	Periods of Unemployment
Man:		
Woman:		

5. Have you ever used vocational rehabilitation or counseling services from a government office such as the California Department of Rehabilitation or the Federal Government, or any other place?

	Yes	No
Man:	___	___
Woman:	___	___

If yes, what was the agency, and when was the last time you used them?

Man: _____

Woman: _____

6. Do you wish to obtain any vocational counseling now, (if you are not now a client of any vocational counseling service?)

	Yes	No
Man:	___	___
Woman:	___	___

7. Is your present pay, plus any other income in your family satisfactory for you and your family?

	Yes	No
Man:	___	___
Woman:	___	___

8. Are you satisfied with your present job, or would you like to change to a different one?

	Satisfied with present job	Would like to change jobs	Not employed
Man:	_____	_____	_____
Woman:	_____	_____	_____

If you would like to change jobs, why do you want to change, and what kind of work do you want instead of your present job?

Man: _____

Woman: _____

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9. Communication: How well do you speak?

	Very Well	Fairly Well	Poorly	Unable to Speak
Man:	____	_____	_____	_____
Woman:	_____	_____	_____	_____

How well do you understand speech?

	Very Well	Fairly Well	Poorly	Unable to Speechread
Man:	_____	_____	_____	_____
Woman:	____	_____	_____	_____

10. Follow-up Interview:

Do we have permission to call at your home at a time convenient to you and interview you about the services you have received from Family Service of Los Angeles when service is completed?

Yes_____ No_____

_____

_____
Signature(s)

D-8
10/68

Special Project: Serving the Adult Deaf

DATA FORM DESCRIPTION SHEET

FORM NUMBER: D-9

FUNCTIONAL TITLE: Casework Study Form

PURPOSE: To elicit responses from caseworkers that describe their perception of the presenting problems. To record caseworker's Psycho-Social diagnosis, tentative treatment plan, the related goals and some judgment of the relevance and degree of success attained in achieving those goals. To identify the contributions that deafness made to the case problems and to identify cases in which vocational problems and deafness were concomitant problems.

PROJECT USE: To be used to identify deaf cases with vocational involvement. For description, study and assessment of casework effectiveness. May also be used to describe service needs of deaf clients.

COMPLETED BY: Caseworker

WHEN COMPLETED: As soon after opening of case as possible or at least by the end of third session. Additional D-9 forms to be filled out if or when Psycho-Social diagnosis, or treatment plan or goals change. Items 7, 8, and 9 to be filled out at termination of case.

DELIVERED TO:		WHEN:
	Project Director	Case Termination
	WPC Research Department	Case Termination

WPC/FSLA Proj.
EF:sc
10/22/68

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

INSTRUCTIONS FOR USE OF CASEWORK STUDY FORM

a. Caseworker will fill out page 1 (items 1-4) of this form for every case involving a deaf adult, at least by the end of the third meet- with the client. For brief service cases the form needs to be completed at time of case closing.

b. As the case progresses, if the caseworker develops any changed or additional psycho-social diagnosis, treatment plans or treatment goals, these will be entered on a new casework study form. Please note on the new form which items of the previous form remain the same.

c. The Interim Goal Achievement (item 5) will be entered on the form whenever any treatment goal (item 4), as listed on page 1, is achieved. If any goal is no longer relevant because the diagnosis or goal has changed, then note this fact in item 5, under Interim Goal Achievement.

d. The Goal Achievement at Closing (item 6) will be filled out for each case when the case is closed.

e. The Summary Table of Goal Achievement (item 7) is your assessment in summary form of success in attaining goals. It is to be completed at time of closing and should include all goals previously identified. Check one box for each goal.

Goals - indicate all goals identified by name or number.

Achieved - if a goal was definitely achieved, put a check in this box on that line.

Partially Achieved - if a goal was only partially achieved but showed some degree of attainment, then put a check in this box on that line.

Not Achieved - if a goal was identified and still remained as a valid casework goal but was not achieved at closing, then put a check in this box on that line.

Not Relevant because Goal Changed - if a goal had been identified but because of new information, change of diagnosis, etc., was no longer appropriate as a casework goal, then put a check in this box on that line.

Cannot Determine - if achievement or non-achievement of a goal cannot be determined because goal was not worked on or case terminated suddenly, then put a check in this box on that line.

f. When filling out item 8, take into consideration any potential cultural, social, emotional and vocational contributions.

g. Item 9 is to be completed at time of closing.

h. These materials are to be sent to the Project Director when the case is terminated.

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

CASEWORK STUDY FORM

Case Number_____ Caseworker_____

Date Case Opened_____ Present Date_____

1) Presenting Problem: (as seen by Caseworker)_____

2) Tentative Psycho-Social Diagnosis:_____

3) Tentative Treatment Plan:_____

4) Tentative Treatment Goals (List by Number)_____

5) Interim Goal Achievement (Date_____) _____

6) Goal Achievement at Closing (Date_____) _____

_____

_____

_____

7) Summary Table of Goal Achievement
(Check one box for each goal)

Goals	Achieved	Partially Achieved	Not Achieved	Not Relevant	Cannot be Determined

8) In your opinion did deafness contribute significantly to any of the family's problems or any of the treatment goals? Yes_____No___
If yes, specify_____

_____

9) Did counseling at anytime relate to any vocational difficulties of the deaf client?

Yes_____No_____

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Special Project: Serving the Adult Deaf

INSTRUCTIONS FOR USE OF THE INTERPRETER CASE REPORT FORM

a. This form (D-12) is to be completed twice by the interpreter. If more than one interpreter was used during the duration of the case, the forms should be completed by the interpreter who was employed in the majority of the sessions.

b. This form is to be completed the first time when the interpreter feels he or she has an understanding of the nature of the communications or by the end of the third case session. Should the case have terminated on the first or second session, the forms need only be completed once.

To The Interpreter:

c. You are to answer the open-ended questions (items 1 through 5) with your opinions stated as briefly as possible in the blanks provided.

d. For item 6 put a check in each column of boxes that best describes your understanding of the caseworker and the client(s). Put only one check in each column.

e. For items seven and eight, check the box that in your opinion best describes the extent to which the caseworker and client(s) understood one another. Where more than one client is involved indicate the average level of understanding you felt they had.

f. Put the completed form in an envelope marked Special Project Serving the Adult Deaf and seal it. All responses on this form will be confidential and when used for Project purposes will never be seen by the caseworker or client(s), or used in association with your name. This envelope can be given to the caseworker or mailed to the Project Director in the main FSLA office.

g. This form is to be completed for the second time, when the case is closed. If the case is closed by the caseworker when you are not present, the form will be mailed to you. You can fill it out and mail it to the Project Director or leave the sealed envelope with the caseworker.

h. These materials are to be sent to the Project Director as soon after case termination as possible.

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10/68

FAMILY SERVICE OF LOS ANGELES
Special Project: Serving the Adult Deaf

INTERPRETER CASE REPORT

CLIENT NAME:_____ CASE NO._____

INTERPRETER:_____

DATE:_____

COMPLETFD AT: (Check One)
End of 2nd or 3rd session__

Close of case_____

1. In your opinion, what could have been done to improve the communication process?

_____

_____

2. What actions or attitudes of the caseworker and client(s) helped or hindered you in interpreting?

	HELPED	HINDERED
CASEWORKER	_____	_____
	_____	_____
CLIENT(S)	_____	_____
	_____	_____

3. What actions or feelings of your own helped or hindered the communications?

HELPED	HINDERED
_____	_____
_____	_____

4. Do you recall acting differently in interpreting for this case than in other interpreting situations? Yes____No___. If Yes, how?_____

_____

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10/68

5. How do you think the caseworker and client(s) felt toward you?

CASEWORKER_____

_____

CLIENT(S)_____

_____

6. How much of the time did you understand the ideas that the caseworker and clients were communicating? (Check one)

	CASEWORKER	CLIENT(S)
Seldom or Never	☐	☐
Sometimes	☐	☐
Usually	☐	☐
Almost Always	☐	☐
Do Not Know		

7. How much of the time do you think the caseworker understood the ideas of the client(s)? (Check one)

CASEWORKER

Seldom or Never	☐
Sometimes	☐
Usually	☐
Almost Always	☐
Do Not Know	☐

8. How much of the time do you think the client(s) understood the ideas of the Caseworker? (Check one)

CLIENT(S)

Seldom or Never	☐
Sometimes	☐
Usually	☐
Almost Always	☐
Do Not Know	☐

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CONSULTATION OR INFORMATION CONTACT

Date: _____

CLIENT:

Name: _____

Address: _____

Telephone: _____

CONTACT MADE BY: _____

Name: _____

Address: _____

Agency: _____

Telephone: _____

REQUEST:

_____

_____

_____

DISPOSITION:

_____

_____

_____

_____

_____

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JK/FSLA/1-69

APPENDIX B

Project Data Evaluation Forms

SCHEDULE FOR CASE READING (Long Form)

I. Problem Classification

A. Circumstance

1. Economic ____

2. Social-changed circumstances ____

3. Economic and social ____

B. Adjustment problems combined with circumstances to which client has contributed ____

C. Interpersonal relationships and/or personality difficulties which minor external causation. ____

Comment: _____

_____

_____

II. Client's Objective at Opening

A. 1. Assistance with some service ____

2. Environmental change ____

3. Advice or instruction ____

4. Support and reassurance ____

5. Change in self ____

6. Insufficient evidence ____

7. Other (specify) _____

_____

III. Degree of Client's Stress Regarding Problem.

		Mild		Severe
0	1	2	3	

Comment: _____

_____

_____

IV. Degree of Client's Stress in His Total Life Situation.

	Mild			Severe
	0	1	2	3

Comment: _____

_____

V. A. Client's Feeling Toward Worker

B. Worker's Feeling Toward Client

	Negative			Positive
	0	1	2	3
	0	1	2	3

Comment: _____

_____

VI. Clients Shared Participation with worker in Problem Solving.

	Independent		Sharing		Dependent
0	1	2	3	4	5

Comment: _____

_____

_____

VII. Client's Handling of Problems in the Past

	Adequate		Inadequate
0	1	2	3

Comment: _____

_____

VIII. Degree to Which Following Factors Restrict Client's Problem-solving Attempts Currently.

		High		Low
A. Economic	0	1	2	3
B. Environmental (social)	0	1	2	3
C. Hearing handicap	0	1	2	3
D. Lack of personal resources	0	1	2	3
E. Lack of community resources	0	1	2	3

F. Other (specify) _____

_____

Comment: _____

_____

IX. Shared Understanding Between Client and Worker Regarding Problem to be Worked on.

High					Low
0	1	2	3	4	5

Comment:_____

_____

X. Shared Understanding Between Client and Worker Regarding Approach to Problem-solving.

High			Low
0	1	2	3

XI. Appropriateness of:

	Appropriate		Not Appropriate
A. Worker's Activity in Resolving the Client's Problem.	0	1	2	3
B. Provision of Specific Assistance and/or Resources	0	1	2	3

Comment:_____

_____

_____

XII. Communication Between Worker and Client (or Family) Seemed to be Mostly:

Congruent____ Ambiguous____ Divergent____ Insufficient Evidence____

Comment:_____

_____

XIII. Movement in the Case was Characterized by:

A. Blocking and little or no progress ____

B. Adequate progress ____

C. Considerable progress ____

D. Not clearly evident ____

Comment:_____

_____

_____

XIV. A. Overall Evaluation of Client's Problem-solving Ability and use of Help.

	High		Low
0	1	2	3

Comment: _____

_____

B. Overall Evaluation of Social Worker and Agency Service

	High		Low
0	1	2	3

Comment: _____

_____

XV. At Termination of the Case:

A. Continues active ____

B. Offer of service still open ____

C. Client failed appointment; no further contact ____

D. Client failed appointment; refuses after other contact ____

E. Client refused appointment ____

F. Client cancelled appointment; no follow-up indicated ____

G. Non-response to offer for appointment ____

H. No record ____

I. Other (specify) _____

_____

XVI. The Interpreter:

A. Clearly communicated the clients meaning _____

B. Had difficulty making the client's meaning clear _____

C. A good deal of the meaning in the communication between worker and client seemed to be lost _____

D. Insufficient evidence _____

Comment: _____

XVII. Record Material Contains Sufficient Material to Make Evaluations Obtain Data.

Yes_____ No_____

Comment: _____

_____

_____

XVIII. List Special Needs of Deaf Clients That Seem to Emerge From This Record.

_____

_____

_____

_____

_____

_____

_____

SCHEDULE FOR BRIEF SERVICE COMPLETED CASES

1. Primary service required at intake._____

_____

2. Primary service required at termination.

None _____

Specify:_____

3. If referral indicated, where referred._____

_____

4. Indicate degree of client need for service at time of referral.

Substantial_____ Moderate _____ Slight _____

Comment:_____

5. Was referral conducted in a manner that assured client's connection with the new service?

Yes _____ No _____

Comment:_____

6. If no referral indicated, was problem dealt with satisfactorily _____,

Partially satisfactorily _____, Unsatisfactorily _____?

Comment:_____

_____

7. What special needs of deaf clients seem to emerge from this record?

_____

_____

_____

_____

APPENDIX C

SCRID Code of Ethics

SOUTHERN CALIFORNIA REGISTRY OF INTERPRETERS FOR THE DEAF

SCRID is a non-profit organization formed in May, 1967, and a member organization of the National Registry of Interpreters for the Deaf. SCRID was organized to provide better communication between interpreters in the Southern California area and therefore, provide better service to the deaf of Southern California.

PURPOSE

All members of SCRID are interested in helping to remove the barriers between the deaf and hearing worlds. The primary function is to aid by use of manual communication. They also aid the hearing by helping them toward a better understanding of the deaf and their common problems.

CODE OF ETHICS

The interpreter shall be a person of high moral character, honest, conscientious, trustworthy, and of emotional maturity. He shall guard confidential information and not betray confidences which have been entrusted to him.

The interpreter shall maintain an impartial attitude during the course of his interpreting avoiding interjecting his own views unless he is asked to do so by a party involved.

The interpreter shall interpret faithfully and to the best of his ability, always conveying the thought, intent, and spirit of the speaker. He shall remember the limits of his particular function and not go beyond his responsibility.

The interpreter shall recognize his own level of proficiency and use discretion in accepting assignments, seeking for the assistance of other interpreters when necessary.

The interpreter shall adopt a conservative manner of dress upholding the dignity of the profession and not drawing undue attention to himself.

The interpreter shall use discretion in the matter of accepting compensation for services and be willing to provide services in situations where funds are not available Arrangements should be made on a professional basis for adequate remuneration in court cases comparable to that provided for interpreters of foreign languages.

The interpreter shall never encourage deaf persons to seek legal or other decisions in their favor merely because the interpreter is sympathetic to the handicap of deafness.

In cases of legal interpreting, the interpreter shall inform the court when the level of literacy of the deaf person involved is such that literal interpretation is not possible and the interpreter is having to grossly paraphrase and restate both what is said to the deaf person and what he is saying to the court.

The interpreter shall attempt to recognize the various types of assistance needed by the deaf and do his best to meet the particular need. Those who do not understand the language of signs may require assistance through written communication. Those who understand manual communication may be assisted by means of translating (rendering the original presentation verbatim), or interpreting (paraphrasing, defining, explaining, or making known the will of the speaker without regard to the original language used.)

Recognizing his need for professional improvement the interpreter will join with professional colleagues for the purpose of sharing new knowledge and developments, to seek to understand the implications of deafness and the deaf person's particular needs, broaden his education and knowledge of life, and develop both his expressive and his receptive skills in interpreting and translating.

The interpreter shall seek to uphold the dignity and purity of the language of signs. He shall also maintain a readiness to learn and to accept new signs, if these are necessary to understand.

The interpreter shall take the responsibility of educating the public regarding the deaf whenever possible recognizing that many misunderstandings arise because of the general lack of public knowledge in the area of deafness and communication with the deaf.